

Parental Consent Form

This form must be completed by the parents/guardians of **ALL Scouts and Venturers** participating in events, programs and activities taking place during Summer Camp operations between June 1 and August 1, 2010, on Northeast Georgia Council properties, or off-site under the direction of Council Summer Camp Staff or Unit Leadership.

Scouts Name: _____

Address: _____ Birth date: _____

City: _____ ST: _____ ZIP: _____

Parent's Name: _____ Day phone/cell: (_____) _____

Activity: **Summer Camp** at (circle one) Camp Rainey Mountain Scoutland Ranger Camp

Dates traveling: _____

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Scout/Venturer can meet the health and physical fitness requirements of this trip. This Scout/Venturer has completed the appropriate personal health and medical record form Annual Health and Medical Record (AB, ABC) Form # 34605

Photo/Image

I understand that photos, video footage or voice recording may be captured or taken of my son or daughter while participating at a Northeast Georgia Council Summer Camp. Therefore, I consent to the use of his/her photo or artistic likeness and or voice or footage of him/her while at camp for promotional materials, movie making, media coverage, press release or other similar projects as approved by the Northeast Georgia Council, and the BSA.

Waiver of Claims

In consideration of the many benefits to be derived from participation in this activity or trip, any and all claims against the Boy Scouts of America, or its local councils, Venturing Crews, Sea Scout Ships, Boy Scout Troops, and its Chartered Organizations, or against the officers, employees, agents, or other representatives of any of them or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the activity or trip, including preliminary training and travel are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this activity or trip, I consent to X-Ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company: _____ Policy No.: _____

Personal Physician: _____ Telephone: (_____) _____

Parent Signature: _____ date: _____

Photo copy this form for ALL parents. This form can also be downloaded from our website

At www.nega-bsa.org

2010 Parental Consent Form

ATTENTION!!!

DO NOT MAIL THIS FORM IN. Please turn in Parental Consent Forms along with Health and Medical Record forms upon Check-in to the Camp Director or Health Officer.